

Name
in
Full

Hattie Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	— —
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	George Adams	
Father's Name	Thompson		
Mother's Maiden Name	Unknown		
Name of person giving Information	Lotta Landrum		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer uterus

42

v

Immediate

Asthma

How long

Two Years

Are the names, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

S. J. Lowman M.D.
Millington Md.

Willington

Name
in
Full

Lydia Virginia Ashley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town

Rock Hall

County

Kent

Date
of death

Month

Day

1910 7 26 26

Years

Age 58

Months

8

Days

26

Sex

Female

Color or
Race

White

Birth-
place

Kent Co Md

Occupation

Housewife

Where Residing if not
at place of death

at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

James E Ashley

Father's
Birthplace

Maryland

Father's
Name

John Eisenbrey

Mother's
Maiden Name

Chas Hackell

Mother's
Birthplace

Maryland

Name of person giving
Information

James E Ashley

How related
to deceased

Husband

Primary

CAUSES OF DEATH

Cancer of Breast.

43

How long

Years

Immediate

Exhaustion

How long

Weeks

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide



J. St. Quall M.D.
Rock Hall Md.

PHYSICIAN
OR CORONER



Name
in
Full

Eliza Ellen Baker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death	at place of death			
Married, Single or Widowed	Name of Wife or Husband	John Baker			
Father's Name	Thomas Cruikshanks		Father's Birthplace	Maryland	
Mother's Maiden Name	Sarah E Downey		Mother's Birthplace	Maryland	
Name of person giving Information	Tobitha McClure		How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

66

How long

4 days

Immediate

Exhaustion

How long

One day

Are the name, age, sex, color, date and place correctly given above?

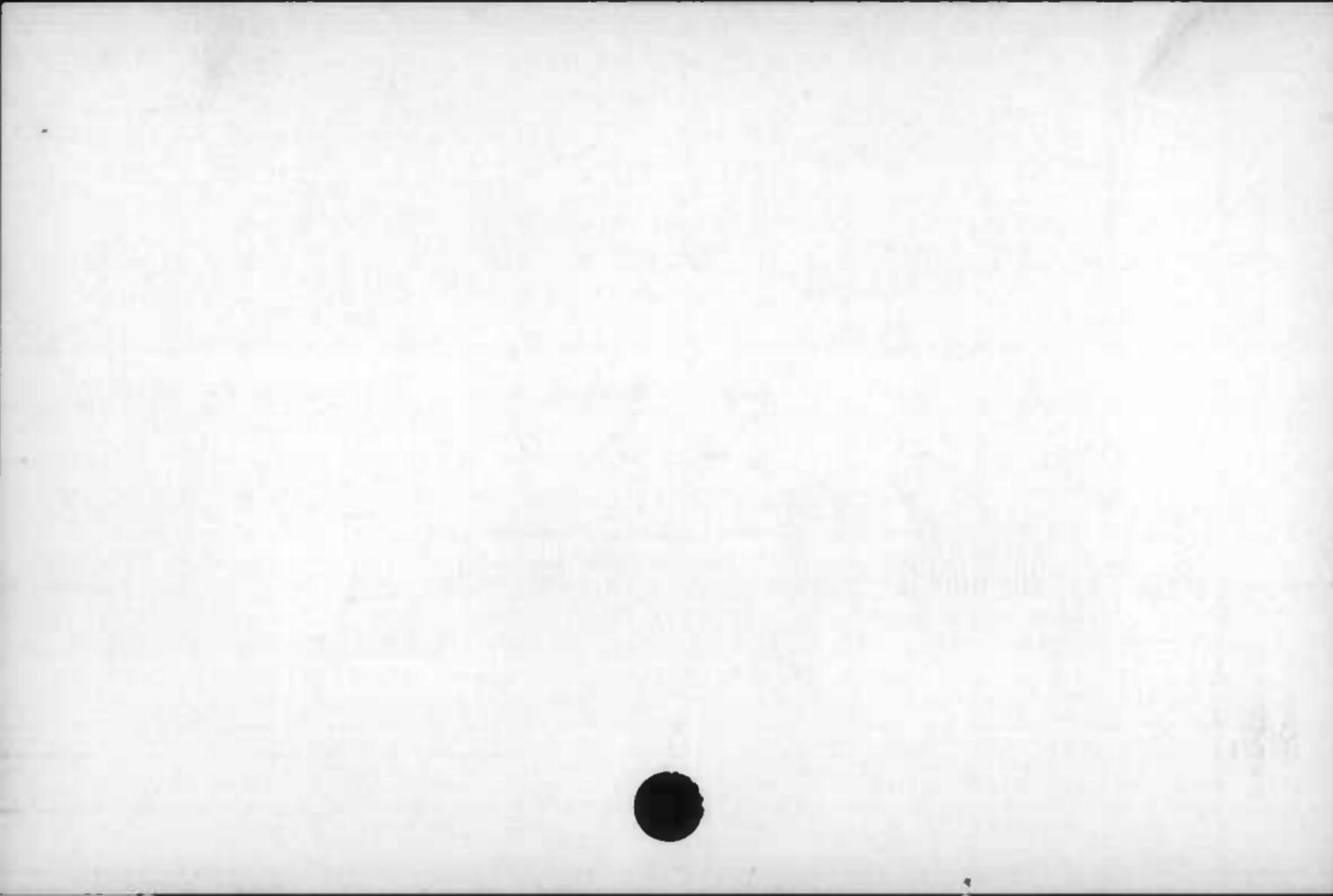
Yes

Signature of Physician

Address

H. G. Kelly M.D.
Rock Hall
Md.

Accident or Suicide?



Name
in
Full

Lemuel J. Dick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at	Pinney Neck		Kent			
Date of death	Month	Day	Year	Months	Days	
1911	Feb	7	Age 78	—	—	
Sex	Male	Color or Race	White	Birth-place	Kent Co. Md.	
Occupation	Waterman			Where Residing if not at place of death	At place of death	
Married, Single or Widowed	Mariel	Name of Wife or Husband	Martha A. Ashley	Father's Birthplace	Maryland	
Father's Name	Elijah J. Dick			Mother's Birthplace	Maryland	
Mother's Maiden Name	Mary E. Rollison			How related to deceased	daughter	
Name of person giving information	Matilda Ashley					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart disease

79

How long

3 month

Immediate

Exhaustion

How long

per hour

Are the name, age, sex, color, date and place correctly given above?

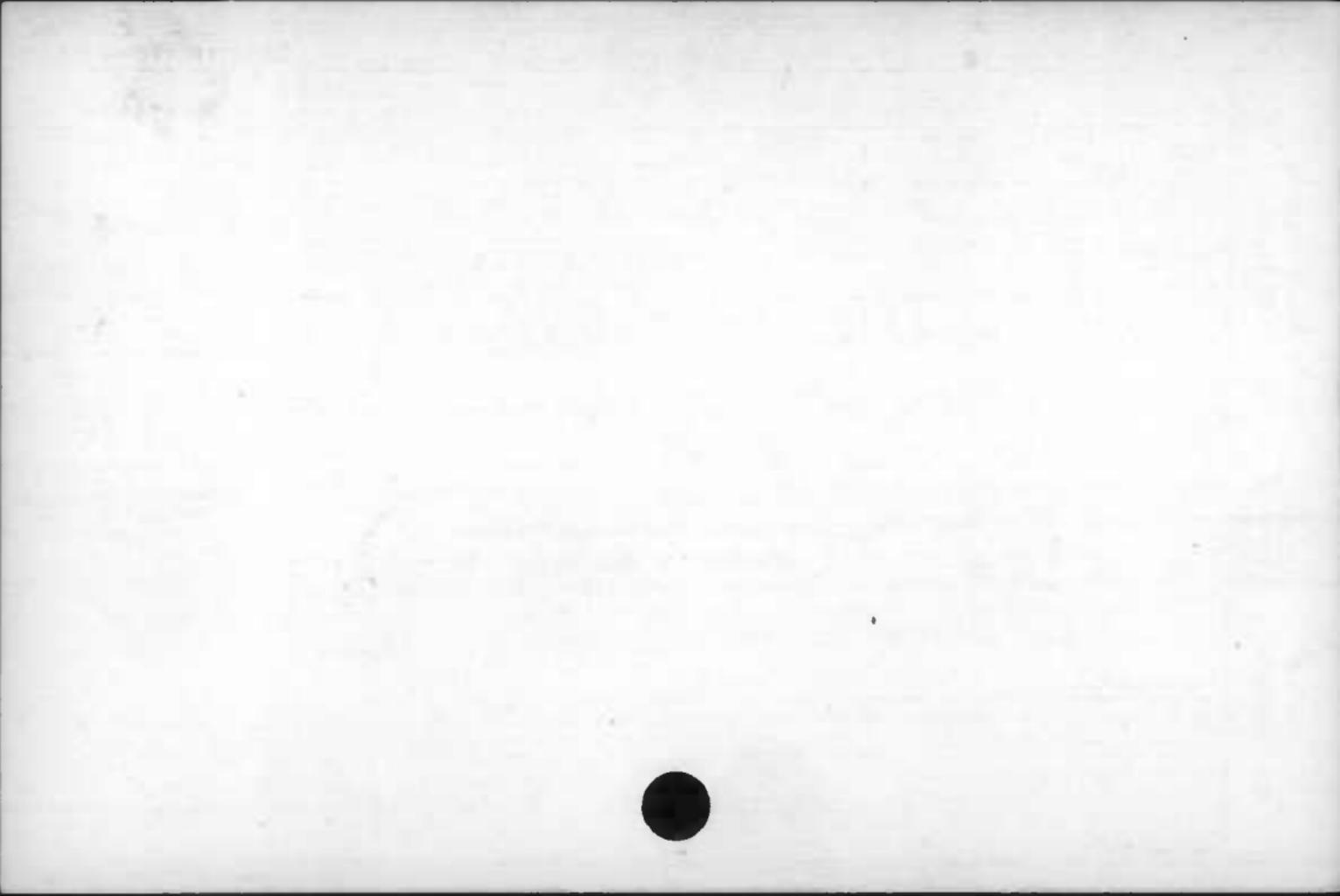
Yes

Signature of Physician

Address

No Sally Mr.
Rockface Ave.

Accident or Suicide



Name
in
Full

Millie H. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at	town	County			
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	41	4	14
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		do not know		
Father's Name	Norris Brown		Father's Birthplace	Kent Co.,	
Mother's Maiden Name	Charlotte for Price		Mother's Birthplace	Kent Co.	
Name of person giving Information	Norris Brown		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

99

V

Immediate

Heart failure

How long

3 inches

Are the name, age, sex, color, date and place correctly given above?

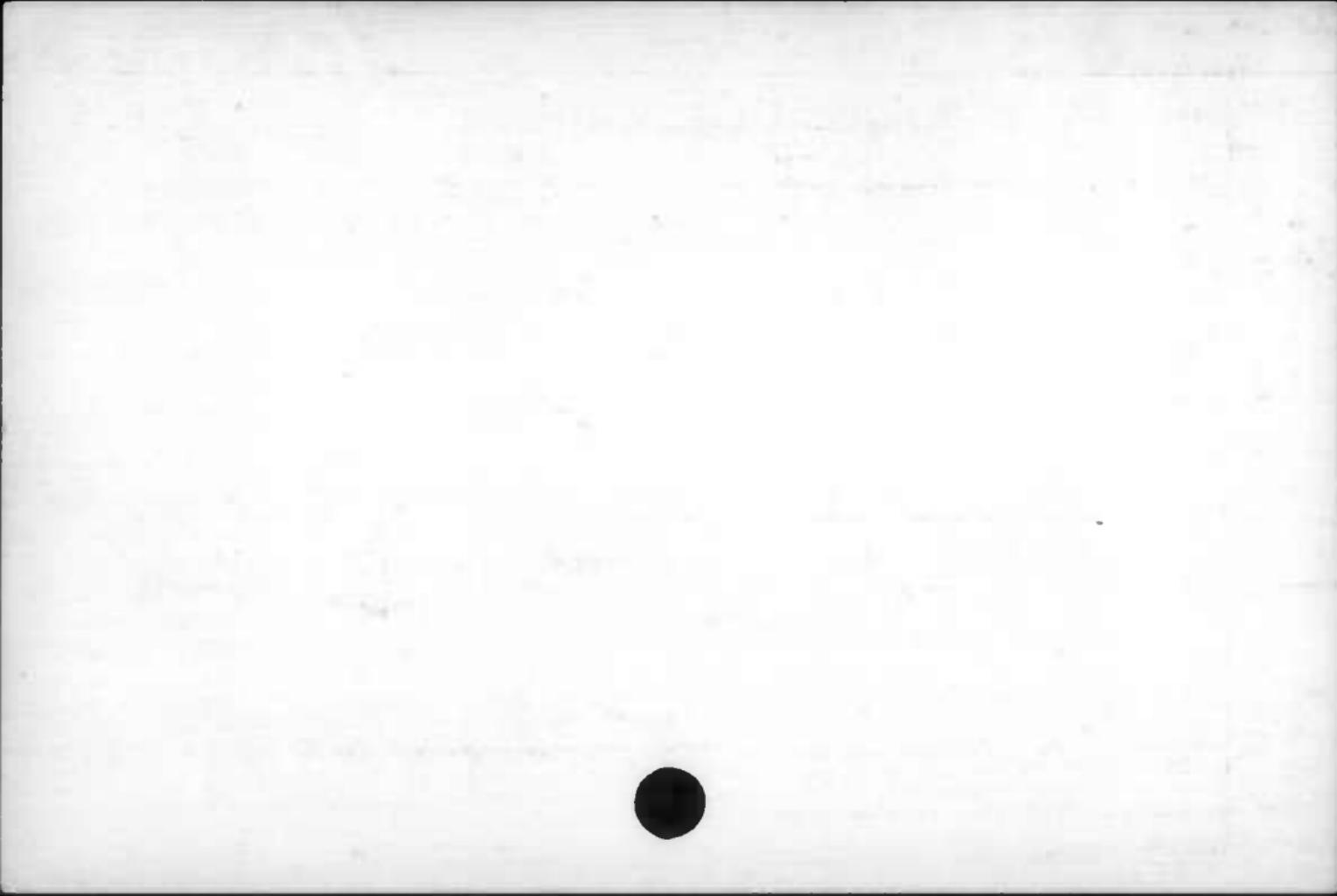
Yes

Signature of Physician

Address

Edward A. Scott,
Galena, Ind.

Accident or Suicide



Name
in
Full

Kate Conneffy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	N Conneffy			
Father's Name	Wm Rose	Father's Birthplace	Md.		
Mother's Maiden Name	S.E. W. Powell	Mother's Birthplace	Md.		
Name of person giving information	C.E. Conneffy	How related to deceased	Son		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Infirmities of age

How long

1 year

Immediate

"

"

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Geo

N Conneffy
Millington
Md.

Accident or Suicide?

Centreville
Md

Name
in
Full

David Bruce Crew.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Worton

Town

County

MARYLAND

Date of death 1960

Month

Day

Year

Month

Days

Feb

4

32

Sex Male

Color or
Race

white

Birth-
place

NJ

Occupation

P unknown

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

J. Edwin Crew

Father's
Birthplace

Mother's
Maiden Name

Harriett E. Harley

Mother's
Birthplace

Name of person giving
Information

Lucie Crew

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Intercalos Kidney

36

V

How long
about 18 months

Immediate

Asthma

How long
several weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

H. G. Simpers
Wilmington

PHYSICIAN
OR CORONER



Accident or Suicide

No

Still Pond Cemetery

**Name
in
Full**

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Charles Wesley Crow
Died Margaret Town County
Kent Name

CERTIFICATE OF DEATH

MARYLAND

Died March 1946 Age 66 Years 66 Months 11 Days 14
Date of death 1940 Month Feb. Day 16 Age 66 Years 66 Months 11 Days 14
Sex Male Color or Race White Birth-place Md. -

Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Mary Brown	
Father's Name	Wm E. Brown	Father's Birthplace	Md -
Mother's Maiden Name	Sarah Carington -	Mother's Birthplace	Md -
Name of person giving Information	C. H. Brown	How related to deceased	Son

CAUSES OF DEATH

Primary Bright's Disease + Endocarditis (Rheumatic) How long 8 or 10 years.
Anasarca + Ascites with Immediate gradual heart failure How long several months.

Are the name, age, sex, color, date and place correctly given above?

Signature
Physician

of Harry L. Dodge -

Address
Chester town, Md-

Chas Dodd.

St Pauls Cemetery

Name
in
Full

Wilson

Edwards

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town		County	MARYLAND		
Date of death	19	Month 10	Day 13	Age	Years	Months 5
Sex	Male		Color or Race	White		
Occupation	None		Where Residing if not at place of death	at place of death		
Married, Single or Widowed	Name of Wife or Husband		None			
Father's Name	Clarence F Edwards		Father's Birthplace	Kent Co. Md.		
Mother's Maiden Name	Mallie Voughlen		Mother's Birthplace	Kent Co. Md.		
Name of person giving Information	Steward M. Edwards		How related to deceased	Uncle		

(Infantile diarrhoea)

CAUSES OF DEATH

Primary: Jimmy Catash

10⁺

How long

2 months

Immediate: Asphyxiation

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. Kelly Jr.
"Ridge Hall"

Accident or Suicide?



Name
in
Full

Thomas L. Tymire

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Rock Hall, Kent County
Died at Month Day Years Month Days
Date of death 1901 Feb. 16 62 5 10
Sex Male Color or Race White Birth place Pottsville Pa
Occupation Where Residing if not at place of death At home
Married, Single or Widowed Married Name of Wife or Husband Elizabeth Canfield
Father's Name Daniel Tymire Father's Birthplace Pottsville Pa
Mother's Maiden Name Susan Schwartz Mother's Birthplace Pa
Name of person giving Information Elizabeth Canfield How related to deceased Wife
Information

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

93

How long

7 days

Immediate

Expansion

How long

One day

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Mosely M. S.
Rock Hall Md.

Accident or Suicide

Chas L. Dodd,
transferred to
Williamsport Pa
for burial, interment
in Harrisville Cemetery

Name
in
Full

Mary Ellen Gibbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County	MARYLAND		
Died at	Wilmington	Kent	Months	Days
Date of death	190	Month	Age	Years
Sex	Female	Color or Race	Col	Birth-place
Occupation	house	Where Residing if not at place of death		
Married, Single or Widowed	Sing ^a	Name of Wife or Husband	Father's Birthplace	Kent Island
Father's Name	Jos. Gibbs	Mother's Birthplace	Neel	
Mother's Maiden Name	Jane Sanders	How related to deceased	120	✓
Name of person giving Information	Mother	How long	several months	

CAUSES OF DEATH

Primary

Bright's disease

Immediate

Conv.

Are the name, age, sex, color, date and place correctly given above?

Yes

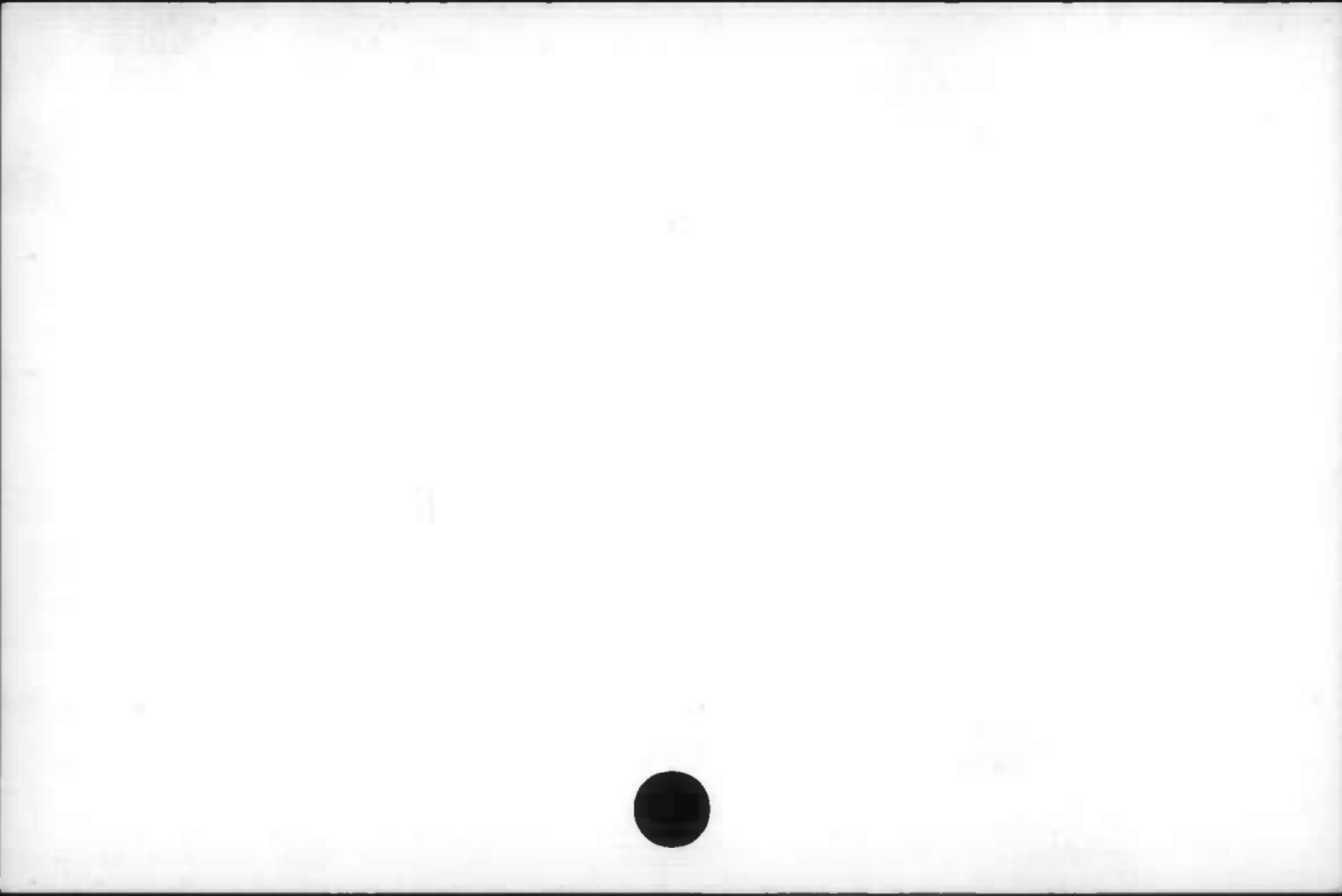
Signature of Physician

Address

Mr. Simpson
Chesapeake
Chesapeake

Accident or Suicide

W



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Hackett. Godwin
Town
Died at Cranerton

County
Kent.

CERTIFICATE OF DEATH

Date Died at Month Day Years Months Days
of death 1910 Feb. 25. Age 69 — —

Sex Male Color or Race White

Birth-place Baltimore

Occupation

Where Residing if not
at place of death

None

Married, Single
or Widowed

Name of Wife or
Husband

Single

Father's
Name

William Godwin

Father's
Birthplace

Pa. Co

Mother's
Maiden Name

Wortha Hackett

Mother's
Birthplace

Pa. Co

Name of person giving
Information

James. Rosebumps

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

Paralysis Prognosis

67

How long

10 yrs

Immediate

Exhaustion

How long

4 yrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Chas. W. Hackett and Son
Cranerton
Md

Accident or Suicide

Chas L. Dodd.

J. M.

Kennedy

Name
in
Full

Manuel Hawkins

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Rock Hall	Town	Kent	County	MARYLAND								
Date of death	1940	Month	7/26	Day	23	Years	18	Months	—	Days	—		
Sex	Male	Color or Race	Black	Birth-place	Maryland								
Occupation	Waterman	Where Residing if not at place of death at place of death											
Married, Single or Widowed	Single	Name of Wife or Husband	No one										
Father's Name	Warren Hawkins	Father's Birthplace	Maryland										
Mother's Maiden Name	Sarah Washington	Mother's Birthplace	Maryland										
Name of person giving information	Frank Hawkins	How related to deceased	Brother										

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

99
How long

8 days

Immediate

Asthma

How long

five week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

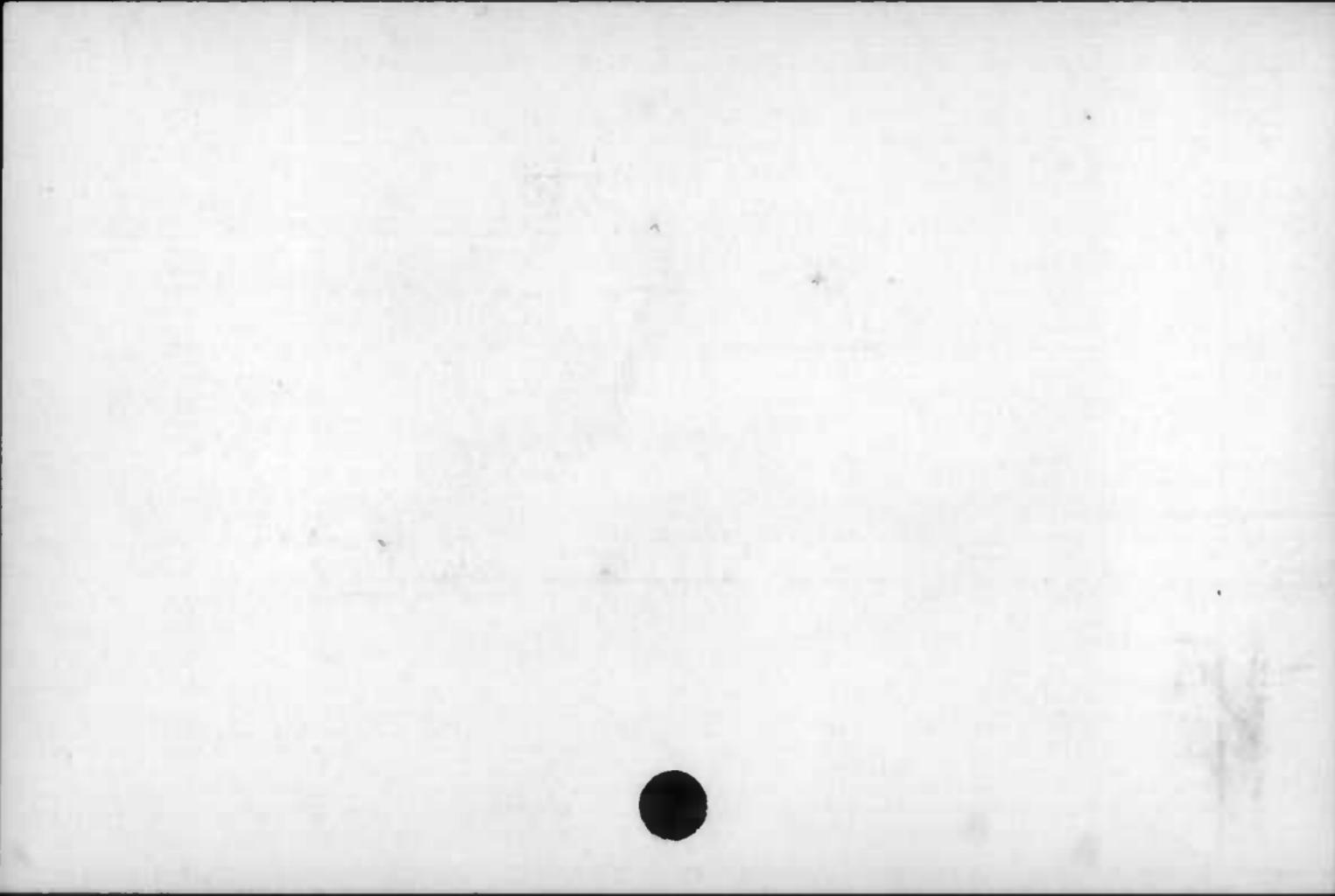
H.H. Schwatka M.D.

Address

Rock Hall Md

Accident or Suicide?

no



Name
in
Full

Mary Elizabeth Hynson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Rock Hall	County	Kent	MARYLAND			
Date of death	Month	Day	Years	80	Months	—	Days	
Sex	Females	Color or Race	Black	Birth-place	Kent-Cardinal			
Occupation	House Wife		Where Residing if not at place of death	at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	Richard Hynson					
Father's Name	Samuel Freeman		Father's Birthplace	Maryland				
Mother's Maiden Name	Sarah Berryman		Mother's Birthplace	Maryland				
Name of person giving information	Sarah Kehnard		How related to deceased	Daughter				

CAUSES OF DEATH

154

v

How long

6 months

How long

2 weeks

PHYSICIAN
OR CORONER

Primary

General Debility

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

of my Beallings
Rock Hall md

Accident or Suicide?



Name
in
Full

~~Still Pond~~ Infant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Still Pond

Town

County

Kent

MARYLAND

Date
of death 1906

Month

Day

Years

Feb

5

Age

Months

Days

Sax

Male

Color or
Race

White

Birth-
place

md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Frank Owens

Father's
Birthplace

Kent Co Md.

Mother's
Maiden Name

Grace Maxwell

Mother's
Birthplace

Kent Co Md.

Name of person giving
Information

Frank. Owens.

How related
to deceased

Father

CAUSES OF DEATH

151

How long

How long

a few minutes.

PHYSICIAN
OR CORONER

Primary

Premature,

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Address

WS Maxwell,

Still Pond, Md.

Accident or Suicide

Chester Cemetery

Name
in
Full

Rena Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at Coleman	Month Feb	Day 13	Years 2
Date of death 1900	Age	Months	Days
Sex Female	Color or Race Black	Birth-place Md	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed Single	Name of Wife or Husband		
Father's Name William Jackson	Father's Birthplace Md		
Mother's Maiden Name Dizzie Leonard	Mother's Birthplace Md		
Name of person giving Information William Stanling	How related to deceased none		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Bronchitis
Immediate Heart Failure

Are the name, age, sex, color, date and place correctly given above ?

Yes

Signature of Physician

Address

L. P. Ahvill M.D.
The Pond
Md.

* Accident or Suicide

Bq ✓
How long

How long

unknown
"

"

"

"

"

"

"

"

Union Church yard

Name
in
Full

Morris Lennord Kelley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Kent	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	White	Birth-place	Kent Co Md 911a		
Occupation	School Boy	Where Residing if not at place of death	At Place of Death			
Married, Single or Widowed	Single	Name of Wife or Husband	Not any	Father's Name	Harry S Kelley	
Mother's Maiden Name	Ida L Postle	Father's Birthplace	Kent Co Md		Mother's Birthplace	Kent Co Md
Name of person giving information	Harry S Kelley	How related to deceased	Further		How long	12 day

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

99

✓

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address



W. Kelly
Rock Hall Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Thomas Murry

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Month

Day

Years

Months

Days

Date
of death

1910

Feb.

Month

Day

Years

Months

Days

Age 49

-11

17

Sex
Occupation

Color or
Race

male

black

Birth-
place

Baltimore Md

laborer-

Where Residing if not
at place of death

Married, Single
Widowed

Name of Wife or
Husband

Martha Williams

Father's
Name

Isaac Murry

Father's
Birthplace

Kent Co. Md.

Mother's
Maiden Name

Annie M. Wilson

Mother's
Birthplace

Cambridge Md

Name of person giving
Information

Letter Murry Eliot

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Renal calculus, Nephritis

123

How long

several years

Immediate

Coron

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

H. G. Sampson
Chincoteague

Accident or Suicide

no

Hicks
Pomona

Name
in
Full

Charles W Riley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Mallington	Town	County	MARYLAND	
Date of death	1900	Month Feb	Day 26	Years 56	Month - Days 19
Sex	Male	Color or Race	Colored	Birth-place	Mallington Md
Occupation	Farm laborer	Where Residing if not at place of death	at home		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Riley	Father's Birthplace	Maryland
Father's Name	Charles W Riley			Mother's Birthplace	Unknown
Mother's Maiden Name	Harriett —	Relationship	Daughter	How related to deceased	
Name of person giving Information	Mary Riley				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Nephritis

Immediate

Nausea

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide

Yes

Signature of Physician

Address

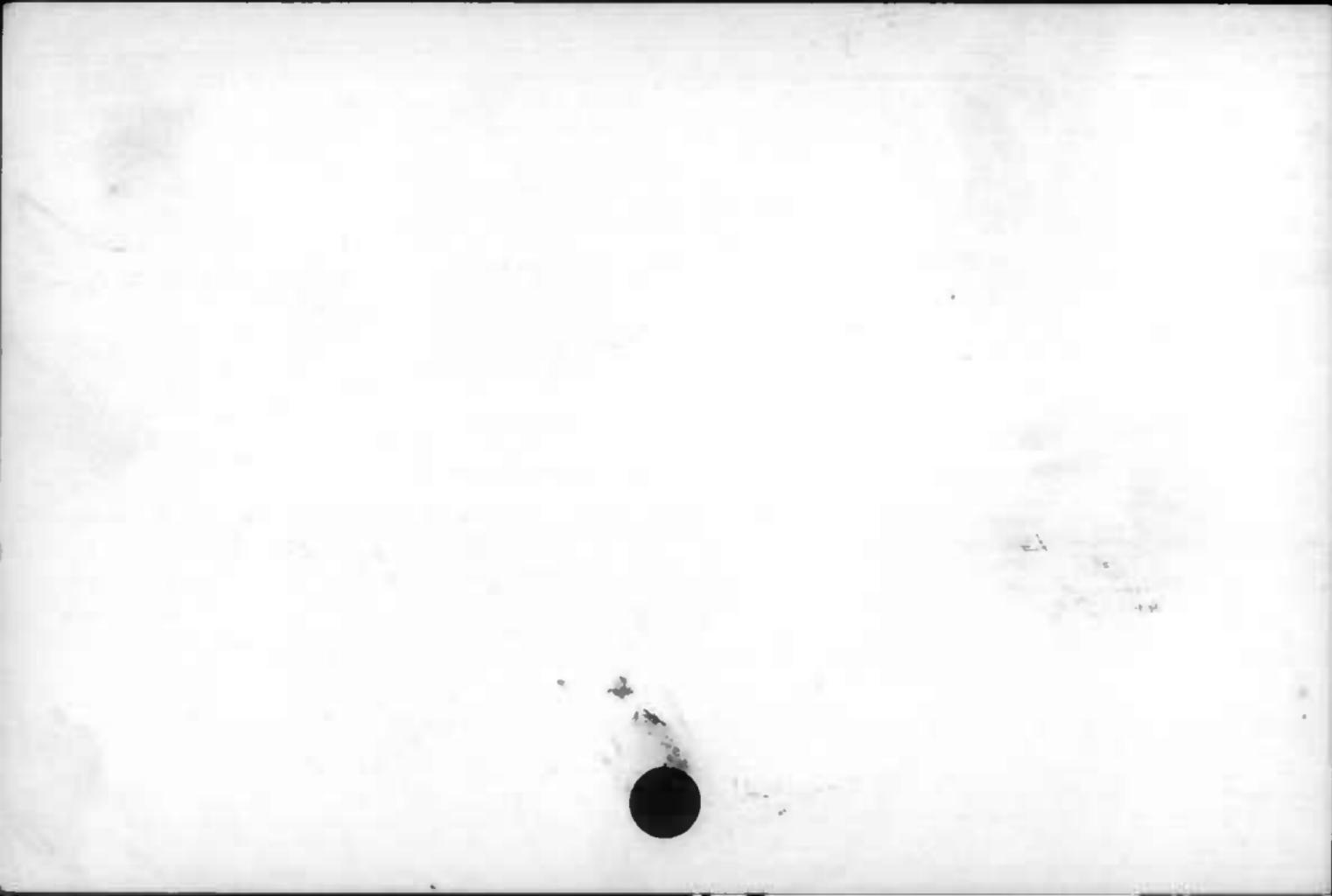
G P Government MD
Mallington Md

120

How long

How long

3 years
2 day.



Name
in
Full

Laurie Robbins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND	
Died at	Millington	Kent			
Date of death	Month 1960 Feb	Day 24	Age 64	Months 5	Days 17
Sex Female	Color or Race Colored	Birth-place Millington Md			
Occupation Lawyer	Where Residing if not at place of death				
Married, Single or Widowed Widower	Name of Wife or Husband Gilbert Robbins	Father's Name William Rochester	Father's Birthplace Maryland		
Mother's Maiden Name Annie Freeman	Mother's Birthplace Maryland		How related to deceased Son		
Name of person giving Information James Cooper					

CAUSES OF DEATH

Primary

Pneumonia

93

How long

V

6 days

Immediate

Valvular Heart trouble

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes

Address

Dr. Government MD

Millington
Md

Accident or Suicide

Millington

Name
in
Full

Sadie Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death 19

Month

Day

Years

Months

Days

Chestertown Kent

Feb. 8

Age 1

6

—

Sex

Color or
Race

black

Birth-
place

Chestertown

Occupation

infant

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Alex. Thomas

Father's
Birthplace

Kent Co

Mother's
Maiden Name

Rena Wilson

Mother's
Birthplace

De Co. Md.

Name of person giving
Information

Elsie Taylor

How related
to deceased

daughter

CAUSES OF DEATH

93
How long

Primary

Bronch pneumonia

6 days

Immediate

Cardiac failure

How long
Several hrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

175 Church
Chestertown

PHYSICIAN
OR CORONER

Accident or Suicide

No

Hicks
Colored cemetery

Name
in
Full

Joshua Thomas Twilley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at **Chestertown** Town **Kent** County
Date of death **1910 Feb 14** Month Day **Age 83** Years
Sex **Male** Color or Race **white**
Occupation **Retired Dentist** Where Residing if not
at place of death
Married, Single or Widowed **married** Name of Wife or Husband **Anna M. Twilley**
Father's Name **Robert Twilley** Father's Birthplace **Wicomico Co.**
Mother's Maiden Name **Micahel Dickey** Mother's Birthplace **Wicomico Co.**
Name of person giving Information **Geo. B. Twilley** How related to deceased **Son.**

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Paralysis

Immediate

Brain Convulsions

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

(66) ✓
How long

1 yrs

1 day

Accident or Suicide

Bethel Twilley
W.M. Twilley
Chestertown MD

J. C. Fugerson,
Chester Cemetery.
Kent Co. Md.